



Municipal Hospitals

By RESEARCH DEPARTMENT

The Board of Directors of the United Farmers of Canada, S.S. Ltd., instructed the Research Department to prepare a concise explanation of the acts governing the organizations of union hospital areas, and the erection and running of hospitals, as well as the powers enjoyed by the residents of rural municipalities to make grants to or employ municipal doctors or nurses. In addition to the above, figures were to be prepared regarding the probable cost of each of these types of service as determined from the actual experience of those municipalities which have provided any of the services mentioned.

The Board felt that all local bodies and councils should be in possession of full information regarding what is being done in various parts of the province to safeguard and care for the health of the people, for even when the consultative clinic is established it will be necessary to have institutions and means to follow up and make effective the work of the clinic, and apart from whether the clinic is established or not, it is generally coming to be recognized that the health of all citizens of a country is of first importance, and it is not only humanitarian, but also good business to see that all those who need medical or surgical attention get it, and get it at the proper time.

THE ACT

The Union Hospital Act was passed in 1917, and has been amended several times, as experience showed that changes were necessary. When first enacted it provided for hospital areas being comprised of two or more complete contiguous rural municipalities, and at least one urban municipality, but experience has proven that while municipalities do not always lend themselves to the creation of a hospital area that is convenient for the purpose in view, so by the addition of part two to the Union Hospital Act, hospital areas may be created of municipalities or parts of municipalities. Under part two of the act, there is no restriction as to minimum size, except that imposed by the Local Government Board, which takes into consideration all factors that would have a bearing upon the economical successful operation of a hospital.

THE BEST SIZE OF HOSPITAL AREA

Experience has shown that it is wise to have an area of the size of at least two municipalities and how at least one urban municipality included in the hospital area. It is better to have it larger if possible as a certain amount of expenditure in operating a hospital is fixed, irrespective of the size of the area, and consequently a reasonably large hospital area is more economical. Where two or more contiguous municipalities desire to co-operate to organize an area and erect a hospital, they may do so under part one of the Act, although if preferred they may organize under part two.

The steps that need to be taken under part one are as follows:

3. Any two or more contiguous rural municipalities may co-operate with any number of urban municipalities in establishing or providing a union hospital in accordance with the provisions of this act.

4. (a) The council of each municipality intending to co-operate in establishing a union hospital as herein provided shall appoint a committee one representative, and the representatives so appointed shall constitute the hospital committee.

(b) The members of the hospital committee shall hold office until the hospital board is appointed, or until the proposed agreement for establishing a union hospital is rejected.

(c) A member of such committee, if otherwise qualified, shall be eligible for appointment to the hospital board.

(d) The hospital committee shall meet as soon as conveniently may be after appointment, and shall at its first meeting choose from among its members a chairman and secretary.

(e) A municipality not represented on such hospital committee may appoint a representative thereto at any time prior to the approval by the Local Government Board of the proposed agreement.

5. The hospital committee shall prepare a proposed by-law and agreement (form A), and complete the same, and make it applicable to the municipalities concerned.

6. The estimated cost of the erection and equipment of such hospital and the acquisition of a site therefor may be subsequently varied by the hospital board with the approval of the Local Government Board.

7. Such proposed by-law and agreement shall be submitted for approval to the council of the various municipalities concerned, and when so approved shall be submitted to the Local Government Board for approval.

8. When the proposed by-law and agreement have been so approved, the council of each municipality shall give the by-law the necessary number of readings and shall submit the

same to a vote of the persons entitled to vote on money by-laws.

9. The procedure in all such cases shall be the same as that provided for the submission of money by-laws in the Acts applicable to the several municipalities concerned, except insofar as such Acts are inconsistent therewith.

10. The agreement shall become operative in the municipalities where by-laws approving the same have been passed with the assent of a majority of the persons voting thereon, provided that no union hospital shall be established unless the by-law has been passed by at least two rural municipalities and one urban municipality.

11. The sums to be raised annually for the payment of instalments of principal and interest, or for payment of interest and sinking fund, as the case may be, shall in no case be such as to require the levy of a higher rate than two mills on the dollar of all the taxable property within the municipality according to the last revised assessment roll.

12. Any municipality desiring to become a party to a union hospital already formed may, subject to the provisions of this Act, enter into an agreement with the hospital board upon such terms and conditions as to contributions and levies and the use and distribution of the same as are agreed upon between such municipality and the hospital board, and approved by the Local Government Board.

13. After such agreement has received the approval of the Local Government Board, such municipality shall submit a by-law with a copy of the agreement attached thereto to a vote of the persons entitled to vote on money by-laws as herein provided, but it shall not be necessary to submit such by-law to a vote in the municipalities already represented on the hospital board. Under the provisions of this Act shall for the purposes thereof, be considered a hospital receiving aid, from the consolidated fund of the province, and be entitled to demand from municipalities the same mentioned in the provisions of the various municipal Acts relating to the care of the sick.

TWO-THIRD MAJORITY

Previously where the area of the hospital district was twenty-seven townships or over, it only required a majority vote, but by an amendment it now requires a two-third majority vote in all cases to carry the by-law, and where their hospital is organized under part one of the Act a two-third majority must be secured in each of the co-operating municipalities.

Where whole municipalities comprise the hospital area and the district is organized under part one of the Act, the hospital board selects the location for the hospital, but where the area is organized under part two of the Act the location is chosen by the Lieutenant-governor-in-council. This would appear to be the better way, as local jealousies have often prevented the by-law being carried.

Part two of the Act, which governs the creation of a hospital area where there are parts of municipalities included in it (although whole municipalities may be organized under that part of the Act) is as follows:

41. (1) The Lieutenant-governor-in-council may, upon petition from:

(a) the council of each municipality concerned; or

(b) twenty-five ratepayers in each municipality or area to be included; or

(c) the councils of some of the municipalities and twenty-five ratepayers in each of the other municipalities or areas;

define and establish hospital districts which may embrace municipalities and portions of municipalities hereinafter referred to as "areas."

(2) In such cases the order of the Lieutenant-governor-in-council shall name the point where the proposed hospital is to be situated, state the number of members of which the board shall be composed and the representation of each municipality or area upon the board, and direct the appointment of representatives to be chosen from members of the municipal council and other residents of the hospital in such numbers as in such proportion as to him seems meet.

(3) If no appointment is made within forty days after the date fixed by the Lieutenant-governor-in-council aforesaid, the minister in charge of the Bureau of Health may appoint the representatives of any municipality or area.

42. (1) Upon receipt of a report from the Local Government Board with respect to a statement furnished by the board of a hospital district under section 24, (a), the Minister of Municipal Affairs shall:

(a) fix a date for taking a poll upon the hospital scheme, including the estimated cost of the building and site;

(b) appoint a returning officer who shall divide the district into polling divisions, and name a polling

place in, and a deputy returning officer for, each of the polling places, and appoint the time and place when and where the returning officer shall count up the votes given for and against the scheme.

(2) The persons entitled to vote shall be the persons entitled to vote at the annual municipal elections.

43. Immediately after adding up the ballots the returning officer shall certify to the Minister of Municipal Affairs the results of the voting, and no scheme shall be held to have been adopted unless approved by two-thirds of those voting.

44. If the required majority is given in favor of the scheme, it shall be binding upon the hospital district and all the municipalities and areas included therein.

45. All other provisions of the Act have to do with the issue of debentures to cover the capital cost, appointment of officials, collection and appointment of hospital tax, and all the details incidental to providing for the administration of the hospital and its proper conduct.

Prior to an amendment to the Municipal Act of last session of the Legislature, the tax levy for hospital purposes, could not be more than two mills on the dollar, this was originally intended to cover only the capital expenditure and upkeep of the building and equipment. However, some hospital boards endeavored to provide for treatment as well and pay for it out of the two mill levy, but in most cases, it was found impossible to do this, and in order that free treatment might be legally given, and funds provided to pay for it, the Rural Municipality Act was amended as follows:

"46. (1) The council of any municipality which is represented on a union hospital board or the whole or a portion of which is included within a union hospital district may, at a regular meeting or at a special meeting called for the purpose, resolve to submit to the electors of the municipality or of the portion as included, as the case may be, for their approval an hereinafter mentioned.

"(2) On receipt before the first day of November in any year of a petition to that effect, signed by not less than twenty-five resident ratepayers of the municipality, or of the portion included within the hospital district, a by-law for the purpose mentioned in sub-section (1) shall be introduced and given its first and second readings as soon as possible thereafter, and the council shall submit the same to be voted upon at the regular annual election then next ensuing.

"47. The vote upon a by-law under the preceding section shall be taken in the same manner as the vote upon a debenture by-law when a poll has been demanded and the provisions of sections 201 and up to 216 shall apply thereto mutatis mutatis except that the form of the notice mentioned in section 211 need not be prescribed or approved by the Local Government Board.

"48. When a by-law has been submitted to the electors under sub-section (1) or (2) or section 201c and carried, the council of the municipality may enter into an agreement with the union hospital board providing for the care and treatment at the expense of the municipality, of such classes of persons as may therein be designated, and upon such other terms and conditions as may be deemed expedient.

"49. The authority given to the council by a by-law under section 201c providing for care and treatment shall be a continuing authority until such by-law has been repealed in the manner provided by the said section, and the council acting thereunder may in each year during its continuance levy a tax upon all taxable property within the municipality or within the portion thereof included within the hospital district, as the case may be, not to exceed two mills on the dollar, for the purpose of paying the annual sum agreed upon or the amount of the fees chargeable during the year by the hospital under the agreement."

50. While the wording of this amendment would apply to existing hospital areas, there is no reason where a new area was being organized under part one of the Act, why the two votes could not be taken at the same time, but of course there would have to be separate by-laws, prepared and voted upon. A two-thirds vote is necessary to carry the by-law for treatment.

There is a rather wide variation between what it has cost the various hospital boards to operate the hospital, the variation running from \$4.35 per day per patient to \$2.54. The wide variation is caused partly by management, but the size of the area also has a distinct bearing upon the cost and upkeep and operation. Another factor is, that some hospital districts took over existing hospitals, which were either wholly or in part paid for.

It is somewhat difficult to tell exactly what the cost to any municipality would be if a union hospital were erected and operated as many factors determine what the cost will be, but as hospitals have been operating for a considerable length of time in some parts of the province the experiences of those municipalities which have been in hospital areas will give a very good idea of what the probable cost will be, and figures have been prepared covering six municipalities which provide care and treatment as well as hospital accommodation. (This does not include the doctor's fees, medicine, or dressings).

As all these municipalities have outstanding debentures, anyone could figure out what the cost would be if free treatment is not provided, and by taking the assessed value of any given parcel of land anyone could approximate what the probable cost would be to himself or herself, if hospital is erected and operated.